# EXHIBIT A-1

Case:17-03283-LTS Doc#:19668-2 Filed:01/05/22 Entered:01/05/22 16:27:13 Desc: Exhibit A - Claim No. 177692 (English) Page 2 of 7

Proof of Claim Number: 177692

Claimant: Mangual Rodriguez, Norma

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MAY 28 2021

PRIME CLERK LLC

## **INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

### **Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim**. For example, if you previously wrote as the basis for your claim "Act 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to **PRClaimsInfo@primeclerk.com**, or by **mail or hand delivery** to the following address:

| By Mail                                  | Hand Delivery or Overnight Mail Service  |  |  |
|------------------------------------------|------------------------------------------|--|--|
| Commonwealth of Puerto Rico Supplemental | Commonwealth of Puerto Rico Supplemental |  |  |
| Information Processing Center            | Information Processing Center            |  |  |
| c/o Prime Clerk, LLC                     | c/o Prime Clerk LLC                      |  |  |
| Grand Central Station, PO Box 4708       | 850 Third Avenue, Suite 412              |  |  |
| New York, NY 10163-4708                  | Brooklyn, NY 11232                       |  |  |

### **Questionnaire**

| 1. What is the basis of your clai | ш | í |
|-----------------------------------|---|---|
|-----------------------------------|---|---|

| <b>\</b> | A pending | or closed l | egal action | with or | against the | Puerto Rica | n government |
|----------|-----------|-------------|-------------|---------|-------------|-------------|--------------|
|          |           |             |             |         |             |             |              |

- □ Current or former employment with the Government of Puerto Rico
- □ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

Undetermined



Batch 17

09/AUGUST/2021 - Andreea I. Boscor ATA-certified Spanish-English #525556

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Proof of Claim Number: 177692

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| 3. <u>Employment.</u> Does your claim relate to current or former employment with the Governm Puerto Rico?         | ent |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------|-----|--|--|--|--|--|--|
| Puerto Rico?  No. Please continue to Question 4.  Yes. Answer Questions 3(a)-(d).                                  |     |  |  |  |  |  |  |
| B(a). Identify the specific agency or department where you were or are employed:  Department of the Family – ADFAN |     |  |  |  |  |  |  |
| ). Identify the dates of your employment related to your claim:  2001 – 2012                                       |     |  |  |  |  |  |  |
| B(c). Last four digits of your social security number: 7340                                                        |     |  |  |  |  |  |  |
| B(d). What is the nature of your employment claims (select all that apply):                                        |     |  |  |  |  |  |  |
| □ Retirement                                                                                                       |     |  |  |  |  |  |  |
| <b>✓</b> Unpaid Wages                                                                                              |     |  |  |  |  |  |  |
| □ Sick Days                                                                                                        |     |  |  |  |  |  |  |
| □ Union Grievance                                                                                                  |     |  |  |  |  |  |  |
| □ Vacation                                                                                                         |     |  |  |  |  |  |  |
| ☐ Other (Provide as much detail as possible. Attach additional pages if necessary).                                |     |  |  |  |  |  |  |
|                                                                                                                    |     |  |  |  |  |  |  |
| 4. <u>Legal Action</u> . Does your claim relate to a pending or closed legal action?                               |     |  |  |  |  |  |  |
| □ No.                                                                                                              |     |  |  |  |  |  |  |
| □ Yes. Answer Questions 4(a)-(f).                                                                                  |     |  |  |  |  |  |  |
| 4(a). Identify the department or agency that is a party to the action.                                             |     |  |  |  |  |  |  |
| Department of the Family                                                                                           |     |  |  |  |  |  |  |
| 4(b). Identify the name and address of the court or agency where the action is pending:                            |     |  |  |  |  |  |  |
| I don't know the name of the court                                                                                 |     |  |  |  |  |  |  |
| 4(c). Case number: <u>2021-01-0345 (formerly TPI- Case KAC 2009-0809)</u>                                          |     |  |  |  |  |  |  |

Batch 17

4(d). Title, Caption, or Name of Case:



of

Francisco Beltrán Cintrón v. Department of the Family ARV and AIJ

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4(e). Status of the case (pending, on appeal, or concluded):

#### Unknown

4(f). Do you have an unpaid judgment? Yes / No (Circle one) If yes, what is the date and amount of the judgment?

Unknown



Batch 17

# CASE: FRANCISCO BELTRAN-CINTRON, et al v. DEPARTMENT OF FAMILY, ARV and AIJ. CASP NUMBER: 2021-01-0345 (formerly, TPI case K AC 2009-0809)

1. Norma Mangual Rodriguez

Print full name, including paternal and maternal surnames.

2. 17 BK 3283-LTS- (177692)

Designated claim number (as indicated in the letter received)

- 3. I am a claimant in the case of FRANCISCO BELTRAN-CINTRON, et al v. Department of Family, ARV and AU. Case: CASP 2021-01-0345 (formerly TPI case K AC 2009-0809).
- 4. For the documents that prove my claim, please refer to **CLAIM No. 179140**. RECEIVED
- 5. \$ *Undetermined*

(Estimated amount of my claim)

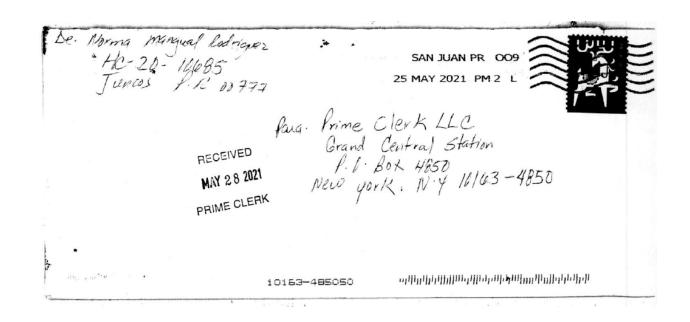
MAY 28 2021

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6. Since the federal Bankruptcy Code guarantees my right to vote for the confirmation of the fiscal plan, having a valid salary claim, I request that in accordance with Rule 3018 (a), the value of my claim be estimated. Please note that this requirement is easy to fulfill, given that during the proceedings filed in case K AC 2009-0809 the (DF, ARV and NIJ) audited the positions included in the above-referenced lawsuit, and they have all the pertinent information on the estimated value of wages that were withheld in violation of the law and my employment contract. All of this, following the guidelines established by the judgments handed down in the cases of Carmen Socorro Cruz Hernández et al, v. DF et al, case No. 1991-0665; Nilda Agosto et al v. DF, case num: K PE2005-0608, and Santiago Declet v. DF, 153 DPR 208 (2001).

As soon as the provisions of Rule 3018 (a) are complied with and I am notified of the value of my claim, we will submit our proposal for the stipulation of my case.

- 7. Since the cause of action filed in my case refers to a salary claim that arises within the ordinary course of employment, and where local and federal labor statutes, as well as the provisions of my employment contract were violated, my case should be processed under the "ACR Procedure" so as to make sure that I am guaranteed due process and equal application of the law.
- 8. For anything related to my case and the above-referenced matter, please communicate with my lawyer: Ms. Ivonne González Morales, Esq., PO Box 902-1828, San Juan, PR 00902-1828, Telephone: 787-410-0119; Email: ivonnegm@prw.net.





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- TargemTranslations.com
- projects@targemtranslations.com
- 185 Clymer St. Brooklyn, NY 11211

#### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US) TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that: the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: Claim No. 177692

Signed this 9th day of August 2021

Andreas Boscor Spanish into English Certification #525556

Verify at www.atanet.org/verify

Andreea I. Boscor

